

Department of Social and Health Services

DP Code/Title: M2-BC Mental Health Needs

Program Level - 020 Juvenile Rehabilitatn Admin

Budget Period: 2003-05 Version: 11 2003-05 Agency Request Budget

Recommendation Summary Text:

This is a request to fund staff to meet the mental health needs within the Juvenile Rehabilitation Administration (JRA).

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 020			
001-1 General Fund - Basic Account-State	1,109,000	1,053,000	2,162,000
Total Cost	1,109,000	1,053,000	2,162,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Program 020 FTEs	23.2	23.2	23.2

Package Description:

JRA institutions have concentrated populations of male and female offenders with severe/acute mental illnesses or significant mental health issues. JRA mental health programs require increased professional supervision, staff training, and support based upon the acuity levels in the JRA resident population. External reviews from three separate suicide incidents (1998, 1999, 2001), a court monitored exit review at Green Hill Training School (1999) and the University of Washington Mental Health Services Assessment of 1997, all concluded with recommendations that call for increased professional supervision and direct delivery of mental health services.

1. Specialized Mental Health Costs: 50 percent of the JRA residential population is identified as significantly mentally ill and in need of specialized mental health services. The percentage of youth in need of mental health services has escalated over the past five years, resulting in significantly higher medical and mental health costs for the institutions. The complexity of case mix results has also increased results in higher costs per bed to serve these needing specialized mental health treatment. Beyond the base costs, it is estimated that, on average, an additional \$10,500 per youth diagnosed as requiring additional mental health treatment in residential or extended care is necessary. External mortality reviews from three separate suicide incidents (1998, 1999, 2001), a court monitored exit review at Green Hill (1999), a University of Washington (UW) Mental Health Services Assessment (1997), and the JRA Mental Health Systems Design Proposal (2001), all recommend increased professional supervision and direct delivery of mental health services.

2. Mandatory Mental Health Training (staff): Funding is requested to address the above referenced external mortality reviews and independent assessments that identified the need to provide mandatory mental health training for all staff. This includes an eight hour mental health core training for all institution direct-care staff as required by the National Commission for Correctional Health Care (NCCHC). This training is required by NCCHC to meet accreditation standards. This request also includes training in suicide prevention for institution and state community facilities.

3. Clinical Services Administration: JRA currently collaborates with numerous consultants and providers to administer programs for mentally ill youth throughout the continuum of care. Several consultants and stakeholders assist JRA to evaluate and implement research-based programs and services for JRA youth. A Clinical Director position and Mental Health Administrator position are critical to meet the National Commission on Correctional Health Care mental health standards, which JRA is obligated to adhere to effective January 2003.

4. Emergent Psychiatry Services: In February 2002, JRA began implementation of a statewide working agreement between JRA, MHD, and the RSNs to obtain community mental health services within five days for mental health youth transitioning from JRA institutions into community facilities or parole services. Prior to this agreement, mentally ill youth often received no mental health counseling or medication management from community providers in a timely or coordinated fashion. This

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agreement meets only a portion of the need for mental health services in the community. Funding of this request will help ensure that mental health counseling and medication management needs are met.

5. Mental Health Transition Coordinators: Currently JRA is funded for seven Mental Health Coordinator positions, which are placed in the three institutions and four of six regional parole offices. These positions implement the working agreement between JRA, MHD, and RSNs to ensure mentally ill youth receive community-based mental health services in a timely and coordinated fashion upon release from institutions. These positions also directly assist families, schools, employers, and JRA staff in learning to understand and manage youth in communities with significant mental health needs. Currently, two of six regional parole offices are not funded for these positions, creating a significant void in the mental health continuum of care for mental health youth transitioning to these regions.

6. Medical Transcription: JRA's residential population, primarily at Echo Glen Children's Center and Maple Lane School, of male and female offenders who have severe/acute mental illness or significant mental health issues has grown dramatically over the last few years. To meet resident needs, contracted psychiatrist hours were increased to provide care for the increased number of mentally ill residents. This has drastically increased the need for transcription of detailed medical reports. Current administrative staff are overwhelmed by this need and are not properly trained to provide these services. It is estimated that three Medical Transcriptionists are needed to properly meet transcription demands.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Public safety will be enhanced by ensuring appropriate mental health services are in place during residence and upon release. The JRA Mission Statement includes the goals of reducing juvenile criminal behavior by a continuum of preventative, rehabilitative, and transition programs. JRA Strategic Goal, Improve JRA's Business Process (Objective: Improve internal communications and coordination of program oversight) and Goal IV, Improve Program Accountability (Objective: Incorporate best practices).

Performance Measure Detail

Program: 020

**Goal: 08B Build stronger continuum of care for juveniles & families
 with the justice system**

No measures submitted for package

Incremental Changes
FY 1

FY 2

Reason for change:

A significant portion of JRA's present institutional population have a variety of mental health needs. This proposal seeks only to meet the current need based upon external reviews and diagnostic data provided by the newly implemented Diagnostic Mental Health Screen and the Massachusetts Adolescents Screening Inventory, which was implemented in 1997.

Impact on clients and services:

An adequate level of mental health services is an essential therapeutic component of a constitutionally adequate and successful rehabilitation treatment program. Without adequate funding, the health and safety of JRA youth and staff could be compromised. Enhanced mental health services will ensure that youth receive professionally qualified mental health case management and suicide risk triage. Funding of this request will allow effective programming and treatment for JRA youth to continue.

Impact on other state programs:

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None

Relationship to capital budget:

None

Required changes to existing RCW, WAC, contract, or plan:

None

Alternatives explored by agency:

This is an increase in costs to current services that must be delivered. No alternatives were considered.

Budget impacts in future biennia:

Costs in future biennia will increase depending on average daily population, medical inflation rates, and the potential for increased placement of mentally ill youth. Current forecasts project an increase in the JRA population of 3.74 percent through the end of the 2003-05 Biennium.

Distinction between one-time and ongoing costs:

These are ongoing costs.

Effects of non-funding:

Non-funding will erode JRA's ability to successfully serve youth in institutions. Non-funding will impact each institution on a program-wide basis, resulting in reduced services to all JRA youth. Safety of all JRA youth and staff may be at risk. Increased professional assessment of suicide risk may result in reduced risk of successful suicide prevention.

JRA health care accreditation requirements have increased with respect to mental health services and medication administration. Loss of accreditation of health care services could result at JRA facilities.

Meeting the medical needs of residents is basic to rehabilitative treatment and public safety. The effect on non-funding would increase risks to successful rehabilitation and public safety.

Expenditure Calculations and Assumptions:

See attachment - JRA M2-BC Mental Health Needs.xls

<u>Object Detail</u>		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Program 020 Objects				
A	Salaries And Wages	798,000	798,000	1,596,000
B	Employee Benefits	199,000	199,000	398,000
E	Goods And Services	81,000	25,000	106,000
N	Grants, Benefits & Client Services	18,000	18,000	36,000
T	Intra-Agency Reimbursements	13,000	13,000	26,000
Total Objects		1,109,000	1,053,000	2,162,000

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DSHS Source Code Detail

Program 020		<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State				
<u>Sources</u>	<u>Title</u>			
0011	General Fund State	1,109,000	1,053,000	2,162,000
<i>Total for Fund 001-1</i>		1,109,000	1,053,000	2,162,000
Total Program 020		1,109,000	1,053,000	2,162,000